

# REQUIREMENTS AND INSTRUCTIONS FOR FILING - Limited and Temporary License PHYSICIANS

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

This application is to be used when applying for shortage or absence, sponsored, public emergency, or educational/teaching, limited and temporary licenses issued by the Board of Medical Examiners (BME). Applicants applying for government employed license must apply using the "Physician employed by Hawaii State Government or County" form. Applicants for a resident license must apply using the "Resident" application form.

All applicants must submit:

- 1) Fees - Check, money order, or cashier's check payable to *Commerce and Consumer Affairs*.
- 2) Verification of License - Use the attached form, ("*Verification of License - Physician*" - MD-03). Send to every jurisdiction in which you hold or ever held a license. Jurisdiction to mail this directly to the BME.

Note: Some jurisdictions charge a fee for this service. Contact the jurisdiction for charges.

- 3) Federation Discipline Report - Send the attached form, ("*Federation Discipline Report*" - MD-07). The Federation will mail this directly to the BME. (Not required if applying for educational/teaching license)
- 4) National Practitioner Data Bank Report - Contact the NPDB at 1-800-767-6732. The NPDB will send the report directly to you. Submit the response from the NPDB with your application. (Not required if applying for educational/teaching license)

IN ADDITION TO THE ABOVE, ATTACH THE DOCUMENT/VERIFICATION SPECIFIED BELOW FOR THE LICENSE FOR WHICH YOU ARE APPLYING.

## ABSENCE OR SHORTAGE LICENSE (A/S)

This temporary license may be issued to those who are licensed through written examination in another state or territory of the U.S. and will practice only in a particular locality which has an absence or shortage of licensed physicians and no other. The license is subject to approval by the BME at its regular monthly meeting, may be issued up to 18 months, and is **NOT** renewable.

- 1) Submit fee of \$120.00  
(*Application fee-\$25\*, \$50 license fee + \$45 - Compliance Resolution Fund*)
- 2) ATTACHMENT of a letter signed by an official of the respective county medical society attesting to the absence or shortage will be helpful but not conclusive.

**\* Application fee is not refundable.**

## SPONSORSHIP LICENSE (S)

This temporary license may be issued to an individual who:

- 1) Is licensed in another state by having passed a state produced exam and who intends to take the Special Purpose Examination (SPEX) within the next 18 months; OR
- 2) Intends to take the USMLE within the next 18 months.

This license may be valid for 18 months unless extended by the board for 6 months and is **NOT** renewable. The limitation of this license is that the individual must work under the direction of a physician who holds a regular license in Hawaii.

- 1) Submit fee of \$120.00  
(*Application fee-\$25\*, \$50 license fee + \$45 - Compliance Resolution Fund*)
- 2) Submit a statement of your intent to take the USMLE/SPEX sometime during the 18-month period of licensure;
- 3) For individuals taking the SPEX, verification of passing a state-developed examination; and
- 4) ATTACH completed "*Sponsor Statement-MD*" (form MD-12), which contains the affidavit of the sponsor.

**\* Application fee is not refundable.**

## PUBLIC EMERGENCY LICENSE (E)

This temporary license may be issued during a public emergency (to be determined by the BME) to those who hold an out-of-state license and will be valid only during the period of such emergency. License is subject to approval by the BME.

- 1) Submit fee of \$95.00  
(*Application fee-\$25\*, \$25 license fee + \$45 - Compliance Resolution Fund*)
- 2) ATTACH a statement describing the nature of the emergency and the period of time involved.

**\* Application fee is not refundable.**

## EDUCATIONAL/ TEACHING LICENSE

This license may be issued to a physician who is invited by the chief of service of a clinical hospital to provide professional education for students, interns, residents, fellows, and doctors of medicine in this State. The physician must provide proof that he/she is licensed as a physician in another state or country and the license is current and in good standing. In no case shall this license be valid for more than a period of twelve months from the date of issuance and is NOT renewable. However, a new license may be issued for another twelve-month period provided a new application with all supporting documents and fees are submitted. The holder of this license shall not open or appoint a place to meet patients, or receive calls from patients relating to the practice of medicine, beyond the parameters of the hospital that is sponsoring and monitoring the licensee.

- 1) Submit fee of \$170.00  
(Application fee-\$50\*, \$75 license fee + \$45 - Compliance Resolution Fund)
- 2) ATTACH a summary of your medical, educational and professional background.
- 3) Send the attached form, ("Verification of License - Physician" - MD-03) and fee if any, to every jurisdiction in which you hold or ever held a license. The jurisdiction will respond directly to the BME. If more than one form is needed, please duplicate.

Note: Some state licensing agencies charge a fee for this service. Contact the licensing agencies for charges.

- 4) Attach a letter signed by the chief of service of a clinical department of a hospital attesting that the chief of service is a licensed physician in this State and is requesting to sponsor and monitor the applicant while the person is engaged in educational or teaching activities for the hospital.

**\*Application fee is not refundable.**

## DOCUMENTS AND MAILING ADDRESS

ALL documents, with the exception of the following items listed, must be ATTACHED to the application. Items to be sent directly to the Hawaii BME are: *Verification of License (MD-03)* and the *Federation Discipline Report (MD-07)*. Incomplete and/or irregular applications will not be accepted.

Mail to:

Board of Medical Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

or

Deliver to office location at:

1010 Richards Street  
Honolulu, HI 96813

Phone: (808) 586-3000

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

## LAWS AND RULES

To obtain a copy of the laws, Chapter 453, Hawaii Revised Statutes and rules, Chapter 85, Hawaii Administrative Rules, relating to the practice of medicine in Hawaii, send \$2.00 payable to: *Commerce & Consumer Affairs, CASHIER, P.O. Box 541, Honolulu, HI 96809*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. **Price subject to change without notice.**

The LAWS and RULES are posted on our website at: [www.hawaii.gov/dcca](http://www.hawaii.gov/dcca). Look under "Obtaining Information".

## EMPLOYMENT

Information regarding employment and hospital facilities are not available through the Board of Medical Examiners.

## ABANDONMENT OF APPLICATION

Applications are kept for only two years after filing, after which the Board may destroy applications. Therefore, applicants must complete all licensure requirements within two years of filing the application with the Board. Licensure requirements also include payment of all fees.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

Application for License - Limited and Temporary License  
PHYSICIAN

Effective Date:

License No.

Read instructions and requirements on attached sheet before completing this form.

Name (First-Middle)

(LAST)

Residence Address (include apt. no., city, state and zip code)

Mailing Address (ONLY if different from residence)

Social Security No.

Phone No. (days)

Birthplace (city/state/country)

Birth date

Age:

FOR BOARD USE ONLY

Check type of Limited and Temporary LICENSE CATEGORY you are applying for:

☐ SPONSORSHIP under direction of Hawaii  
physician with regular license not to exceed 18  
months unless extended by the Board.

☐ ABSENCE OR SHORTAGE (*absence or shortage  
of licensed physician in particular locality*)

☐ PUBLIC EMERGENCY

☐ EDUCATIONAL/TEACHING

Circle or underline answers and explain if needed:

- 1) Have you ever held a license in Hawaii? ..... YES NO  
*If response "yes," specify type of license and dates below.*
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Has any medical license to practice in any state or country ever been revoked, suspended or  
otherwise subject to disciplinary action? ..... YES NO  
*If response "yes," specify state where action took place, penalty imposed and reasons  
for such action on a separate sheet.*
- 4) Are you presently being investigated or is any disciplinary action presently pending  
against you? ..... YES NO  
*If response "yes," specify state where action is pending and reasons on a separate sheet.*
- 5) In the past twenty years, have you been convicted of a crime in which the conviction has  
not been annulled or expunged? ..... YES NO  
*If response "yes," provide information on the date, place and type of conviction on a separate sheet.*

LIST ALL STATE LICENSES YOU HOLD OR EVER HELD	Name of State(s)	Date Issued	License Number	Date ' Verification of License - MD' form mailed to state:	Date 'Federation Discipline Report' mailed to Federation:

Continued on Back

Appl	.....	323	.....	\$25/\$50
Lic	.....	312	.....	\$25/\$50/\$75
CRF	.....	324	.....	\$45
Service Fee	.....	BCF	.....	\$15

AFFIDAVIT OF APPLICANT:

The applicant \_\_\_\_\_ being first duly sworn upon his oath deposes .....  
and says: that he/she is the person herein named subscribing to this application; that he/she has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct and that there are no material omissions; that he/she is the lawful holder of the degree of Doctor of Medicine, that the same was procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) all government agencies (local, state, federal or foreign) to release to the Hawaii Board of Medical Examiners or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Hawaii Board of Medical Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

I understand that misrepresentation or breach of this certificate are grounds for refusal or subsequent revocation (Section 710-1017, Hawaii Revised Statutes).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# VERIFICATION OF LICENSE - PHYSICIAN

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

State of Hawaii  
Board of Medical Examiners

APPLICANT	Name (First-Middle) _____ (LAST) _____	Social Security No. _____
	Address (Include apt. no. and zip code) _____	LICENSE NUMBER _____
		DATE ISSUED _____
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Medical Examiners.  Date _____ SIGN HERE _____	

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____	
	to practice medicine on the basis of:	
	<input type="checkbox"/> National Board Exam	Date issued: _____
	<input type="checkbox"/> Nat'l Bd & USMLE	Date license _____
	<input type="checkbox"/> FLEX exam - Prior to 1985	
	<input type="checkbox"/> FLEX exam - After 1984	expires: _____
	<input type="checkbox"/> USMLE	
	<input type="checkbox"/> state-constructed exam: _____	License status: _____
	(date passed: _____)	<input type="checkbox"/> current
	<input type="checkbox"/> endorsement from: _____	<input type="checkbox"/> lapsed since: _____
		<input type="checkbox"/> inactive since: _____
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action being investigated)?..... <input type="checkbox"/> NO	
	<input type="checkbox"/> YES (Explain a yes response) _____	

	EXAMINATION SCORES			Exam Date(s): _____ _____ _____
FLEX	Prior to 1985	CLINICAL COMPETENCE AVERAGE:	FLEX WEIGHTED AVERAGE:	
	After 1984	COMPONENT 1	COMPONENT 2	
NBME	Part 1	Part 2	Part 3	Exam Location(s): _____ _____
USMLE	Step 1	Step 2	Step 3	

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
State: \_\_\_\_\_  
Date: \_\_\_\_\_

BOARD SEAL

TO THE BOARD: Return this form directly to the Hawaii Board of Medical Examiners at the address below:

Board of Medical Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

# FEDERATION DISCIPLINE REPORT - PHYSICIAN

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

TO THE APPLICANT: All applicants who passed the NBME are required to provide completion of this report by the Federation of State Medical Boards.

Complete the APPLICANT section and mail this form to:

*Federation of State Medical Boards  
400 Fuller Wiser Rd., Ste 300  
Euless, TX 76039-3855  
Phone: (817) 868-4000*

APPLICANT	LAST NAME (CAPITAL LETTERS), First, Middle	Social Security No.	Birthdate
	Medical School of Graduation & Branch Location	Date of Graduation	
	<p>I authorize the Federation of State Medical Boards to indicate on this form if there is any previous or pending disciplinary action against my licenses in any state.</p> <p>Date _____ Signature of Applicant _____</p>		

FEDERATION	<p><u>TO THE FEDERATION:</u> Please indicate below if there is any previous or pending disciplinary action against any licenses of the above-named individual.</p>
	<p>Signature _____</p> <p>Title _____</p> <p>Date _____</p>

PLEASE RETURN THIS FORM DIRECTLY TO THE HAWAII BOARD OF MEDICAL EXAMINERS AT THE ADDRESS BELOW:

*Board of Medical Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

## SPONSOR/ALTERNATE SPONSOR STATEMENT - PHYSICIAN

(Attachment to application for a physician's license under "Sponsorship")

Check one:

- ☐ This is to certify that I will be responsible for the supervision of Dr. \_\_\_\_\_  
☐ This is to certify that I will be an Alternate Sponsor of Dr. \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Physician applying for license)

while he/she is practicing medicine under a temporary license under sponsorship in the State of Hawaii.

I understand that this license will be valid for no more than 18 months from the date of issuance, unless extended by the board of medical examiners; provided that this discretionary extension shall not exceed a period of 6 months beyond the original expiration date of the limited and temporary license.

I have read, understand and will abide by the board's rules pertaining to sponsorship.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Alternate Sponsor

\_\_\_\_\_  
Print Name  
of Sponsor/or \_\_\_\_\_  
Alternate Sponsor

\_\_\_\_\_  
Hawaii License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Business Phone:

.....DETACH AND GIVE TO YOUR SPONSOR OR ALTERNATE SPONSOR .....

*Excerpts of Board's rules pertaining to sponsorship for limited and temporary license:*

### §16-85-11 Limited and temporary license.

- (b) Practice under the direction of a regularly licensed physician:
- (1) Sponsor and alternate sponsor defined. "Sponsor", and "alternate sponsor" mean a regularly licensed physician of the State who undertakes to assume responsibility for exercising direction over another physician with a limited and temporary license;
  - (2) A physician may have one alternate sponsor who shall serve only in the absence of the sponsor. No sponsor shall be recognized unless the sponsor has been designated by the applicant and a notarized affidavit completed by the sponsor is filed with the board;
  - (3) The sponsor shall notify the board in writing within five days after termination of sponsorship;
  - (4) Mere willingness on the part of the sponsor to assume the responsibility for the actions of the physician under the sponsor's direction is not enough. However, specific and detailed direction is not necessary as long as the direction is sufficiently reasonable, comprehensive, and honest, and includes every act performed by the physician;
  - (5) A sponsor or alternate sponsor shall direct the work of the physician under the sponsor's direction from the same office building complex or hospital;
  - (6) A physician may, under the direction of a sponsor or alternate sponsor, sign birth and death certificates and prescriptions; and
  - (7) The license shall be valid for no more than eighteen months from the date of issuance, unless extended by the board and the license shall not be renewed.